U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	lumber U - 08802			2. Fiscal	Year Covered From:			
			•		1/1/2	2005 Through	: 12 / 31	/ 2005
3. Name and address of person filing.				4. Name, file number, and address of labor organization.				
Name	William	J Baker	A 11 11 11 11 11 11 11 11 11 11 11 11 11	Name	Plumbers AFL	-CIO, Local	Union No.	16
			tr.	Labor	Organization File Nu	mber 019-80	6	
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City	Omaha			City	Omaha			en annen a annen a annen an an an an an an an a
State	Nebraska	ZIP Code + 4	68117	State	Nebraska		ZIP Code + 4	68117
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Name of Person Filing William Baker ~	File Number U- 08802							
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise							
8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. N/A							
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. N/A							
	12.b. Amount. \$0							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. N/A 14.b. Amount of payment.							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.							